

NOTICE OF INDEPENDENT REVIEW DECISION

June 19, 2003

RE: MDR Tracking #: M2-03-1092-01
IRO Certificate #: IRO4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in anesthesiology/pain management which is the same specialty as the treating physician. The ___ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient injured her back on ___ when she slipped and fell on her buttocks. In addition, she next lifted a container weighing approximately 60 pounds and immediately felt a sharp pain in her lower back. A lumbar MRI from 11/14/02 revealed a small left paracentral disc herniation at L4-5 abutting the L5 descending nerve root. She continues to have constant pain despite several months of physical therapy.

Requested Service(s)

Diagnostic lumbar facet joint blocks at L3-4, L4-5, and L5-S1 levels left side

Decision

It is determined that the proposed diagnostic lumbar facet joint blocks at L3-4, L4-5, and L5-S1 levels left side are medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The dictation from the medical record on 04/29/03 clearly states the pain is non-radicular and axial and worse with extension. The physical exam demonstrates tenderness over the facet joints. It also states the facet blocks are to be done in conjunction with active rehabilitation, i.e. physical therapy. The documentation clearly indicates this patient has limited extension with tenderness over the facet joint region and facet injections would be warranted.

Facet blocks are currently used for patients with low back pain who have not responded to directed conservative care for at least four weeks. The North American Spine Society Guidelines (phase III) recommend facet blocks “to facilitate active treatment of to assess the possibility of facet neurotomy” (*Unremitting low back pain. In: North American Spine Society phase III clinical guidelines for multidisciplinary spine care specialists.* North American Spine Society (NASS); 2000. 96p).

However, it should be noted that multiple injections, such as combinations of facet blocks and epidural steroid injections or selective nerve root blocks, usually lead to improper diagnosis or unnecessary treatment. The rehabilitation exercises, physical therapy for example, is important after facet blocks when used to facilitate active treatment. If the facet blocks do not help the patient’s pain, then the literature indicates further facet blocks or neurectomy would be of little benefit. Therefore, it is determined that the proposed diagnostic lumbar facet joint blocks at L3-4, L4-5, and L5-S1 levels left side are medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers’ Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 19 th day of June 2003.
